



State of Idaho
Department of Environmental Quality

**OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT
FOR DRINKING WATER GRANTS**

| | | | | | |
|--|---------------------------|--------------------------------|---------------------------------|------------------|----------------------|
| Name of Grantee | | Drinking Water Grant Number | | | |
| Address | | Telephone Number | | | |
| City | State | Zip Code | | | |
| Type of Request Final Partial | | Partial Payment Request Number | | | |
| Period Covered by this Request | | | | | |
| From (Month, Day, Year): To (Month, Day, Year) | | | | | |
| Address where payment should be sent if different from above: | | | | | |
| Address | City | State | Zip Code | | |
| Status of Funds | | | | | |
| Classification | Multiple Contracts | | | | Total to Date |
| | \$ | \$ | \$ | Previous Periods | |
| a. Administrative Expenses | | | | | |
| b. Land, structures, right of way | | | | | |
| c. Architectural/engineering basic fees | | | | | |
| d. Project inspection fees | | | | | |
| e. Construction & project improvement cost | | | | | |
| f. Miscellaneous costs | | | | | |
| Total cumulative to date (add lines a through f). | | | | | |
| g. State share to date | | | | | |
| h. State payments previously requested | | | | | |
| i. Amount requested for reimbursement | | | | | |
| j. Percentage of physical completion of project | | | | | |
| CERTIFICATION. I certify that to the best of my knowledge and belief, the billed costs of disbursement are: in accordance with the terms of the project and that the reimbursement represents the state share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award | | | | | |
| Signature of Certifying Grantee Official | | | Print Name, Title, phone number | | |
| Signature of Certifying Consultant Official | | | Print Name, Title, phone number | | |
| Date Submitted: | | | | | |